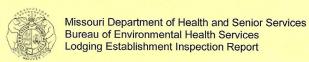


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name Hickory House Inn + Suites Name Source General Manager Spirit Capits			
Physical Address 9177 4. 99 City 7- 1	P = U = E		
Mailing Address Same City Z	p		
County 7 This inspection is 2(n)  Telephone  No of No of Pooms Is the current ledging licenses.	displayed?		
Stories 2   No. 01   No. 01			
Rooms Inspected: Water Supply Wastewater			
□ Private □ Public □ Private □ Public			
	ONR		
Swimming Pools/Spas (check all that apply)			
Indoor pool  Outdoor pool  Spa Pool larger than 2000 sc	uare feet		
Please check if the following local ordinances apply			
☐ Fire Safety ☐ Electrical Wiring Smoke detectors hardwired ☐ Yes ☐ No ☐ N/A Swimming Pool Certified ☐ Yes ☐ No	□ N/A		
☐ Plumbing Fire alarm system installed ☐ Yes ☐ No ☐ N/A Building Certified to National Standards or O	ccupancy		
□ Swimming Pools/Spas Permit □ Yes □ No			
☐ Fuel Burning Appliances Sprinkler system installed ☐ Yes ☐ No ☐ N/A Historical Building ☐ Yes ☐ No			
Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to is	suance or		
renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging	license		
and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this (RSMo 315.005-065, 19 CSR 20-3.050)	notice.		
In=In Compliance Out=Not In Compliance, explain on additional page(s) NO=Not Observed N/A=Not Applicable			
Section A & B: Water Supply & Wastewater In Out NO N/A Section E: Fire Safety In Ou			
1. Approved source, construction and operation X 1. Textiles, hangings and mirrors X	l no ma		
2. Complies with water quality standards 2. Fire extinguisher type, inspected, and location			
3. Chlorinator maintained and operated properly X 3. Vertical openings fire-rated, self-closing			
4. Wastewater operation and maintenance 4. Doors, self-closing and fire-rated			
Section C: Sanitation/Housekeeping  5. Smoke detectors hardwired, installed, good repair  1. Walls, floors and ceilings in good repair  6. Evacuation route and plan, installed, available			
<ol> <li>Walls, floors and ceilings in good repair</li> <li>Housekeeping practices and furnishings</li> <li>Stairs and ramps, maintained, storage</li> </ol>			
3. Towels and bed linens clean  8. Means of egress, number, maintained			
4. Mattresses and box springs clean  9. Handrails and balconies maintained and appropriate			
5. Pest control procedures Section F: Swimming Pools/Spas			
6. Ice machines, scoops, liners clean & protected X 1. Fence, gate adequate, proper closure mechanism			
7. Garbage storage and disposal 2. Boundary line, pool depth properly marked			
8. Premises maintained, plant growth controlled 3. Deck is clean and in good repair  Food Inspection conducted according to 19CSR20-1.025 4. Lifesaving equipment adequate, good repair			
Food Inspection conducted according to 19CSR20-1.025  4. Lifesaving equipment adequate, good repair  9. Food, equipment and single service/use  5. Pool clarity, pH, disinfectant, & temp. maintained			
10. Food protected from contamination  6. Steps, ladders, and handrails installed, good repair			
11. Facilities to wash, rinse and sanitize 7. Adequate ventilation			
12. Handwashing facilities/hygienic practices 8. Electrical outlets, proper protection & distance			
Section D: Life Safety  9. Records maintained and signs posted			
1. Combustible/toxic items usage and storage 10. First aid kit available 2. Building maintained to assure safe conditions 11. Lighting adequate and in good repair			
2. Building maintained to assure safe conditions     3. CO detectors hardwired, installed, good repair     3. CO detectors hardwired, installed, good repair     3. CO detectors hardwired, installed, good repair			
4. GFCI, outlets & switches installed, good repair \( \) 1. Equipment adequate, good repair \( \)			
5. Exit signs installed, good repair 2. Ventilation adequate, plumbing, restrooms			
6. Emergency lighting installed, good repair  3. T & P relief valves adequate, good repair			
7. Electric panel protected, labeled, good repair X 4. Relief valve discharge pipes installed, adequate X			
Required Annual Third Party Inspections  5. Backflow, air gaps, no cross connections			
1. Fire Alarm System  X Section H: Heating & Cooling 2. Sprinkler System  1. Unvented fuel-burning appliance/space heater			
3. Local Fire and Building Codes/Ordinances  2. Fire resistant room or sprinkler head	1		
4. Current Boiler/Pressure Vessels MDPS	1		
Certification 3. Location of heating/cooling units			
5. Backflow Device(s) Test  4. Ventilation of appliances and utility rooms	木		
6. Liquid Propane Leak Test 5. Operation and condition adequate	1 1		
INSPECTED BY (PRINT NAME and SIGN) 15 EPHS NUMBER AGENCY TELEPHONE			
Kun & Durdin & 18 1773 1CAP 417/967/4/3/			
LICENSING YEAR DATE INSPECTED FOLLOW UP DATE			
LICENSING YEAR DATE INSPECTED FOLLOW UP DATE	ATE		
72/27	ATE		
20_23   120_24   APPROVED   YES   NO   6/22/23   7/20/2	23		
72/27	23		



Establishment Name	Physical Address 1+29 City Birch tice
Section Reference	Observations, comments, and corrective measures
CH \	Missing light bulbs in (105)(107)(109)(112)(16)
	All Light Societs must have a light bulb without
D_5	Exit Sign + Emergency Exit lights gut the
D-6	top of the stair way do not work.
	Fix or Replace them,
r m	
E = 2	All 3 Cell France Fire Extinguisher Co and have then tested
	All J. Cell transe fire Extinguisher Go and
	have them lester
E-6	No First Emergency Evacuation Route Posted
L- V	No Fire/Emergency Evacuation Route Posted
	IN NOOMS
6-2	Mcchanical Ventilation in Rooms 107 NG
	NOT Functioning of Just Missing
Annual 3,	L Park Inspections
	6 Liquid Proper Company to school this test
	Call Propen Company to school this test
INSPECTED BY	RECEIVED BY DATE 22 23
2,10	6/20/21
MO 580-2569 (6-16	Distribution: White/Owner Canary/Central Office Pink/I ocal Office F9.024